

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152595		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/27/2012	
NAME OF PROVIDER OR SUPPLIER DUNELAND DIALYSIS-COFFEE CREEK				STREET ADDRESS, CITY, STATE, ZIP CODE 3100 VILLAGE POINT STE 101 CHESTERTON, IN 46304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	<p>INITIAL COMMENTS</p> <p>This visit was an ESRD federal complaint investigation survey.</p> <p>Complaint # IN00118152 - Unsubstantiated: Lack of sufficient evidence.</p> <p>Survey date: November 26 and 27, 2012</p> <p>Facility #: 011217</p> <p>Medicaid Vendor: #200834980</p> <p>Surveyor: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Duneland Dialysis - Coffee Creek is in compliance with the Condition for Coverage 42 CFR Part 494.30 Infection Control, 494.60 Physical Environment, 494.70 Patient's Rights, and 494.140 Personnel Qualifications as was related to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 28, 2012</p>			V 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.